

Fiscal Year 2008 Quarterly Report

Homeless Intervention Program

Grantee Name: _____
 Grant Number: _____
 Quarter: _____
 Person completing Report: _____
 Telephone: _____

	TANF-Eligible Households	All Other Households	Total
1. Total number of new cases opened this quarter **			0
2. Total number of individuals in all cases opened this quarter			0
3. Race of head of households (totals should agree with totals in #1)			
White			0
Black/African American			0
Asian			0
American Indian/Alaska Native			0
American Indian/Alaska Native & White			0
Asian & White			0
Black/African American & White			0
American Indian/Alaska Native & Black/African American			0
Other Multi-Racial			0
Total for quarter	0	0	0
4. Hispanic head of household (totals should agree with totals in #1)			
Yes			0
No			0
Total Hispanic head of household	0	0	0
5. Number of new households with veterans as member of household			
			0
6. Ages of all persons in this quarter's new cases (totals should agree with totals in #2)			
0-4			0
5-12			0
13-17			0
18-61			0
62 or older			0
Total for quarter	0	0	0
7. Employment status of head of household in this quarter's new cases (totals should agree with totals in #1)			
Full time			0
Part time			0
Laid Off			0
Retired			0
Disabled			0
Not working			0
Total for quarter	0	0	0

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8. Number of new households by household income (totals should agree with totals in #1)			
None			0
Below 30% AMI			0
Between 31 and 80% of AMI			0
Total for quarter	0	0	0
9. Living arrangements of new cases (totals should agree with totals in #1)			
Own home or mobile home			0
Rent house or apartment			0
Unsheltered			0
Living in emergency shelter for homeless			0
Living in domestic violence shelter			0
Living in transitional housing			0
Other living arrangements			0
Total for quarter	0	0	0
10. Households denied financial assistance this quarter due to lack of funds			
			0
11. Total number of households terminated this quarter			
			0
12. Status of households terminated this quarter (totals should agree with totals in #11)			
Was able to maintain current housing			0
Was able to secure safe/affordable housing			0
Did not cooperate-terminated			0
Other/Unknown			0
Total for quarter	0	0	0
13. Accomplishments with terminated families (Households may be counted in more than one category)			
Provided budgeting and housing counseling			0
Insured household had a reliable & steady income source covering living expenses			0
Other accomplishments: (Detail in attachment)			0
Total for quarter	0	0	0
14. Amount of financial assistance provided			
Rental			\$ -
Mortgage			\$ -
Rent Deposit			\$ -
Utility Deposit			\$ -
Recording fees			\$ -
Total assistance	\$ -	\$ -	\$ -
15. Amount of loan collections			
Loans collected			\$ -
Loan funds used for administrative costs			\$ -
Loan funds used for client services			\$ -
Loans written off			\$ -

**** On July 1, 2007 all current cases are considered NEW for fiscal year 2008**

Report is due by the 10th of each month following the end of the quarter. Reports should be sent electronically to HSNH@dhcd.virginia.gov